Dear FCC,

This is a motion to accept a late filing of comments regarding proceeding 02-60..

My name is Sally Davis and I serve as the program director for telehealth at Marquette General Health System (MGHS) in Michigan's Upper Peninsula. My comments represent MGHS, the Upper Peninsula Telehealth Network (UPTN), and the Upper Peninsula Health Information Network (UPHIN).

Our telehealth network was initiated in 1994 with the aide of federal grants through USDA and HRSA. We are a very active network providing services in professional education, clinical applications, teleradiology, administrative applications and community education. Telehealth has had a very significant impact on the way we conduct health care business in this very rural area of the country.

Our network members have utilized the FCC/USF funds since their initiation. Without these funds, several of our members would find it necessary to reduce if not eliminate high speed telecommunications services as they currently exist. Certainly, expansion for future applications would be in jeopardy. We are greatly appreciative of the FCC/USF funds, and attribute significant strides in our ability to increase health care access to their availability.

In general, we find that our network of independent health care organizations fits the spirit of the FCC/USF funds; however, the process to

apply and obtain the funds is difficult to navigate. Furthermore, technology and the field of telehealth have progressed significantly since the USF funds were initially available, making updates to the rules a very appropriate maneuver. My comments are a compilation of network member comments and suggestions from MGHS staff that assist network members in information technology and telehealth applications.

The application process should be streamlined: While some simplification of the application process has taken place in recent years, it can be further improved to be user friendly. Improvements in the process will assist in the pursuit of your goals for higher utilization and distribution in a fair and equitable manner.

Like many other rural areas of the country, our independent network organizations rely on one person, wearing many hats and dealing with multiple priorities to complete the application process. It is easy to forget and procrastinate on a complex annual application, and this contributes to the lower than desirable rate of reapplications. Staff turn over, both at the rural health care organization and with the telecommunication provider, has also been a problem in the application process. In a few incidences, these issues have resulted in hospitals in our region not being able to access funding. It has taken diligent leadership on the part of MGHS to continually educate, remind, and assist

in completing forms for both health care organizations and our telecommunication provider.

Delay on the part of the telecommunication provider is the norm rather than the exception. Much of this delay can be attributed to the application not being a priority for the company. The process requires detailed information from the provider for the initial application, and completion of a form by the provider during a later phase. During both phases, there is no incentive to provide the information or complete the form. Nor is there a disincentive when the information is not processes in a timely manner. The result is difficulty in tracking progress, cash flow issues, and unnecessary complexity in tracking when and where the rebates are provided.

Recommendations:

=B7 Consider an EZ form (eg IRS Form 1040EZ) reapplication process for both the applicant and telecommunication provider when possible. A tickler system whereby the USAC emails the forms to the applicant and provider to remind of annual openings and due dates would be additionally beneficial.

=B7 Consider processes whereby the FCC can encourage the prompt processing of the application by the telecommunication provider.

Service comparisons should be based upon comparable bandwidth, not type of service: The commission's acknowledgement that less expensive urban

services are unavailable at any price in rural areas is appreciated.

During the development of our telehealth network and the region's healt
h

information network, we have had to be innovative and flexible in our

solutions. We provide data and video conferencing services over a vari
ety

of technologies, and merge ISDN and IP video conferencing. The differe
nt

technologies are transparent to the end user who is only concerned with
the

quality of the service. Bandwidth, not the technology, drives the

acceptability of the service.

Our region has been very aggressive in building an information netwo
rk

and a telehealth network among independent health care organizations.
As

we have built these networks, we have followed the logical path of

converging telehealth and information applications. We no longer have

clear definitions of each, but rather a practical and efficient deliver
y of

services that is positioned for future expansion.

Recommendations:

=B7 Support should be provided based comparable bandwidth, not type
of
service.

=B7 Differentiation should not occur between telehealth networks and

informational networks.

Rate comparisons should be based upon rates in any city in a state:
The

commission's re-evaluation of earlier assumptions regarding health care

services being sought at the nearest city of 50,000 or more is apprecia
ted.

Indeed, as the hub of the Upper Peninsula Telehealth Network, Marquette has

a population of only 20,000, yet is home to the vast majority of health

care specialists and sub specialists needed for a telehealth network. When

we need to access subspecialists outside the region, we do not connect to

Sawinaw, MI (nearest urban area) but to Ann Arbor or Detroit.

Recommendation:

=B7 The commission allow comparisons based on rural telecommunications
cost/rates to any urban area in the state.

Eligible health care providers should be expanded: We recognize the

restraints placed upon the Commission in adhering to Section 254(h)(1)(A)

of the Act regarding the eligible health care providers. However, the

current interpretation denies affordable telehealth care to a very

important and needy population - those residing in long term care

facilities. It is this population who has the most difficult time

accessing speciality care. As all of us who have cared for medically

compromised older adults realize, the spirit of the Act does not intend to

exclude our nation's older adults. Furthermore, the ineligibility of these

facilities is contrary to the federal statutes that suggest no patient can

be treated differently than a Medicare patient.

Recommendation:

Consider expansion of the definition of eligible health care providers

to include any rural, not-for-profit health care entity with a certified

Medicare and/or Medicaid provider number.

Sincerely,

Sally Davis, Program Director
Telehealth and Management Development
Marquette General Health System
420 West Magnetic Street
Marquette, MI 49855

906.225.3120